

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 11R-18

## BRIEF TITLE

## APPROVED DEADLINE

## REASON

Agreements w/Bryan LGH for clinical training  
at Easterday Recreation Ctr.

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>The proposed resolution authorizes the Lincoln Parks &amp; Recreation Department to enter into agreements with the Bryan LGH Medical Center, Bryan LGH College of Health Sciences, School of Nursing and the University of Nebraska Medical Center college of Nursing to offer clinical training for public health students. The clinical training at Easterday Recreation Center for public health students is a cooperative effort to provide field and clinical experiences in the community. There is not a fee or compensation associated with the agreements. The nursing students provide valuable health screenings, education and resources for clients in the Parks &amp; Recreation programs at Easterday Recreation Center. The period of the agreements is from January 1, 2011, through December 13, 2013.</p>	Sponsor	Parks & Recreation
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant Lynn Johnson</p> <p>City Department Parks &amp; Recreation</p> <p>Other</p>
	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>The partnership allows additional health screenings, education and other resources to be offered free of charge to the program clients while under the direct and close supervision of the college staff.</p>	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> These have been on-going partnerships. <hr/>		
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/>		
	<b>FINANCES</b>			
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:                      \$ 0 COST of this Ordinance/ Resolution                      \$ 0		
		RELATED annual operating Costs                      \$ 0		
		INCREASE REVENUE EXPECTED/YEAR                      \$ 0		
	<b>SOURCE OF FUNDS</b>	CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %		
		NON CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %		
		<b>BENEFIT COST</b> <input type="checkbox"/> Front Foot                      Average Assessment <input type="checkbox"/> Square Foot    \$ _____                      \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Lynn Johnson

9.

REVIEW BY:

REFERENCE NUMBER